## PATENT APPLICATION EE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/531514

| CLAIMS AS FILED - PART I |   |                                  |                            |  |                                    |                    | SMALL ENTITY            |                        | OTHER THAN |                     |                        |
|--------------------------|---|----------------------------------|----------------------------|--|------------------------------------|--------------------|-------------------------|------------------------|------------|---------------------|------------------------|
|                          |   |                                  | (Column 1)                 |  | (Column                            | ;<br>2)            | TYPE                    |                        | OR         | SMALL E             |                        |
| U.S. NATIONAL STAGE FEES |   |                                  |                            |  |                                    |                    | RATE                    | FEE                    |            | RATE                | FEE                    |
| BASIC FEE                |   |                                  | SMALL ENT. = \$ 150 LAF    |  | ARGE ENT. =                        | = \$.300           | BASIC FEE               |                        | OŖ         | BASIC FEE           | 300                    |
| EXAMINATION FEE          |   |                                  | 1                          |  | VII other situation \$ 100 / \$ 20 |                    | 2000年8                  |                        |            |                     | 200                    |
| SEARCH FEE               |   |                                  | I All other collintnes = I |  | All other situation \$ 250 / \$ 50 | ions =             | 2142/2641<br>SEARCH FEE |                        |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS. |   |                                  | minus 100 =                |  | / 50 =                             |                    | X \$ 125 =              |                        |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |   |                                  | 4   minus 20 = *           |  | 21.                                |                    | X \$ 25 =               |                        | OR         | X \$ 50 =           | 1050                   |
| INDE                     | EPENDENT CLA  | AIMS                             | 2. mi                      |  | -                                  | X \$ 100 =         |                         | OR                     | x \$ 200 = | 1000                |                        |
| MUL                      | TIPLE DEPEND  | DENT CLAIM PRE                   | ESENT                      |  |                                    | 74 6<br>+ \$ 180 = |                         | OR                     | +\$ 360 =  |                     |                        |
| * If 1                   | the difference  | in column 1 is !                 | less than zero             | ess than zero, enter "0" in co             |                                    |                    | TOTAL                   |                        | or         | TOTAL               |                        |
|                          | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |                                  |                            |  |                                    |                    | SMALL E                 | <del> </del>           | OR         | OTHER SMALL E       | NTITY                  |
| AMENDMENT A              |   | CLAIMS REMAINING AFTER AMENDMENT |                            | NUMBER<br>PREVIOUSL<br>PAID FOR            | PRES                               | SENT<br>TRA        | RATE                    | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *                                | Minus                      | **   | =                                  |                    | X \$ 25 =               |                        | OR         | X \$ 50 =           |                        |
|                          | Independent   | *                                | Minus                      | ***  | =                                  |                    | X \$ 100 =              | •                      | OR         | X \$ 200 =          |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |                                  |                            |  |                                    |                    | + \$ 180 =              |                        | OR         | + \$ 360 =          |                        |
|                          |   |                                  |                            |  |                                    |                    | TOTAL ADDIT.<br>FEE     |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
|                          |   | (Column 1)                       |                            | (Column 2                                  | 2) (Coli:                          | ımn 3)             |                         |                        |            |                     |                        |
| N                        |   | CLAIMS REMAINING AFTER AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRES                               | SENT<br>TRA        | RATE                    | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *                                | Minus                      | **   | =                                  |                    | X \$ 25 =               |                        | OR         | X \$ 50 =           |                        |
|                          | Independent   | *                                | Minus -                    | ***  | =                                  |                    | X \$ 100 =              |                        | OR         | X \$ 200 =          |                        |
| $  \cdot  $              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |                                  |                            |  |                                    |                    | + \$ 180 =              |                        | OR         | + \$ 360 =          |                        |
|                          |   |                                  |                            |  |                                    |                    | TOTAL ADDIT.<br>FEE     |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| · .                      | . •   |                                  |                            |  |                                    |                    |                         |                        |            |                     |                        |
| *                        | If the entry in colu  | umn 1 is less than the           | e entry in column :        | 2, write "0" in co                         | ulumn 3.                           | •                  |                         | -                      |            |                     |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.